



Tennessee Consolidated Retirement System
502 Deaderick Street
Nashville, Tennessee 37243-0201
1-877-681-0155

Application for Continuation of Medical Insurance Coverage After Retirement

See reverse side for eligibility requirements.

OFFICE USE ONLY

☐ RET ☐ INS
SERVICE CREDIT: _____
EFFECTIVE DATE: _____
NEW PARTICIPANT: YES NO
☐ ST ☐ LE ☐ LE-SS ☐ LG
APPROVED BY: _____

Employees or dependents who are eligible for Part A of Medicare by virtue of age cannot be included under the coverage. Dependent children between the ages of nineteen (19) and twenty-four (24) may be covered only if they continue to meet eligibility guidelines.

Name of Retiree _____ Social Security # _____

Date of Birth _____ Employee ID # _____

Address _____ City _____ State _____ Zip _____

Type of Coverage Desired: ☐ Individual ☐ Spouse ☐ Dependent ☐ Family

Family members to be covered by your contract (please type or print legibly):

Social Security #	Dependent's Legal Name (no nicknames)			Birth Date	Relationship Code	Sex M/F	Acquire Date	Marital Status S/M/D/W	Student Y/N
Last	First	M.I.							

Report all dates as MM/DD/YY. See back of form for code listing.

Are you presently eligible for Part A of Medicare? Retiree: ☐ Yes ☐ No Spouse: ☐ Yes ☐ No

Give month and year you will become eligible: Retiree: _____ Spouse: _____
MM/YYYY MM/YYYY

Are you, your spouse or dependents receiving Social Security benefits *based on disability*?

Retiree: ☐ Yes ☐ No Date Eligible: _____, 20____

Spouse: ☐ Yes ☐ No Date Eligible: _____, 20____

Dependent Name: _____ Date Eligible: _____, 20____

Dependent Name: _____ Date Eligible: _____, 20____

I confirm that all of the information provided above is accurate. I understand that misrepresentation constitutes fraud and may subject me to loss of benefits through the state group insurance program.

Signature _____ Date _____ Phone Number _____

EMPLOYER CERTIFICATION (Must be completed by employer.)

Give month, day and year in which coverage will be terminated through employer: _____, 20____

Department or Institution _____ Phone Number _____

Signature of Certifying Officer _____

Eligibility Requirements

Medical Insurance for Retirees and Dependents

Retired state employees and teacher must meet one of the following criteria to qualify for continuation of medical insurance coverage after retirement. Local government employees should contact TCRS for eligibility requirements.

1. For service or early retirees under the TCRS who terminate state or teacher employment and are eligible to receive TCRS retirement benefits, one of the following conditions must be met for continuation in the state or teacher group insurance plan:
 - (a) Twenty or more total years of state or teacher employment with one year of insurance coverage in the state or teacher group insurance plan immediately prior to final termination for retirement from the TCRS; provided that, from such retirees, the period of time between the employee's final termination date and the date retirement benefits begin (retirement date) may be up to five years in length; or
 - (b) Ten, but less than twenty, total years of state or teacher employment with three continuous years of insurance coverage in the state or teacher group insurance plan immediately prior to final termination for retirement from the TCRS. For such retirees, the date retirement benefits commence (retirement date) must immediately follow the employee's date of final termination from state or teacher employment.
2. TCRS disability retirees may continue coverage if they were participants in the state or teacher group insurance plan at the time of the injury or illness which resulted in their disability and by having at least five (5) years of employment with the employer immediately prior to final termination due to disability, provided that no lapse in coverage has occurred.
3. Employees who elected to participate in TIAA, non-elects and state employees on federal appointment (not eligible for federal insurance programs) should contact TCRS concerning continuation of medical insurance coverage after retirement.

TCRS retirees eligible to continue insurance coverage in the state or teacher group insurance plan must elect to continue insurance coverage within 30 days of application for retirement benefits.

Dependent Codes

- Social Security Number: Must be filled in for any dependent older than 24 months (2 years)
- Relationship Codes:
 - SP = Legally married spouse Date of marriage
 - CN = Natural child Date of birth
 - CN = Legally adopted child Date of placement for adoption
 - CS = Stepchild for whom you or your spouse has legal or joint custody Date custody obtained or marriage date
 - CL = Any child for whom you are the legal guardian Date appointed guardian
 - CT = Any child you claim as a dependent for federal income tax Date you were able to claim child
- Acquire Date:

IMPORTANT: It is your responsibility to notify your insurance preparer of any changes in the eligibility status of a dependent within five working days.

The following are *not eligible* for coverage as your dependent through the State Group Insurance Program:

- Ex-spouse (even if court ordered)
- Parents of the employee or spouse.
- Children in the armed forces on a full time basis.
- Children over age 24 (unless they meet qualifications for incapacitation).
- Married children, regardless of age.
- Foster children.
- Live-in companions not legally married to the employee.

Acquire Dates are needed solely for the purposes of determining eligibility.

- Student: Must be completed for any unmarried dependent child older than 18 years and 11 months of age. Enter "Y" if dependent is a student, otherwise enter "N".

A complete explanation of dependent eligibility is found in the Employee Insurance Handbook available from your agency personnel office. Please contact your agency insurance representative with any questions concerning this form.